

M24000010191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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08/09/24--01003--006 \*\*125.00

APPROVED  
AND  
FILED  
2024 AUG -9 PM 6:30  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 AUG -9 AM 11:35  
TALLAHASSEE, FLORIDA

AUG 09 2024

K. Brumbley

**CORPORATE  
ACCESS,  
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236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** BROOK 8/9

CERTIFIED COPY \_\_\_\_\_

**XX** PHOTOCOPY \_\_\_\_\_

GS \_\_\_\_\_

**XX** FILING FOREIGN LLC \_\_\_\_\_

1. **BLACK ON WHITE LLC** \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BLACK ON WHITE LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2900 GRIFFIN RD, SUITE 6  
(Street Address of Principal Office)

6. 2900 GRIFFIN RD, SUITE 6  
(Mailing Address)

FORT LAUDERDALE, FL 33312

FORT LAUDERDALE, FL 33312

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BENZION LOWY

Office Address: 2900 GRIFFIN RD, SUITE 6

FORT LAUDERDALE, Florida 33312  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/S/ BENZION LOWY

(Registered agent's signature)

APPROVED  
AND  
FILED  
2024 AUG -9 PM 6:30  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
FORT LAUDERDALE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: BENZION LOWY	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2900 GRIFFIN RD, SUITE 6	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/S/BENZION LOWY

\_\_\_\_\_  
Signature of an authorized person

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

<b>Entity Name:</b>	BLACK ON WHITE LLC
<b>DOS ID Number:</b>	5658431
<b>Entity Type:</b>	DOMESTIC LIMITED LIABILITY COMPANY
<b>Entity Status:</b>	EXISTING
<b>Date of Initial Filing with DOS:</b>	11/19/2019
<b>Statement Status:</b>	CURRENT
<b>Statement Due Date:</b>	11/30/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

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<b>Document Type:</b>	ARTICLES OF ORGANIZATION
<b>Date of Filing:</b>	11/19/2019
<b>Entity Name:</b>	BLACK ON WHITE LLC

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<b>Document Type:</b>	BIENNIAL STATEMENT
<b>Date of Filing:</b>	08/08/2024

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on August 08, 2024 at  
05:09 P.M.



WALTER T. MOSLEY  
Secretary of State

*Brandon C. Hughes*

BRENDAN C. HUGHES  
Executive Deputy Secretary of State